**The effects of Kinesio Taping on body functions and activity in unilateral spastic cerebral palsy: a single-blind randomized controlled trial.**

[Kaya Kara O](http://www.ncbi.nlm.nih.gov/pubmed/?term=Kaya%20Kara%20O%5BAuthor%5D&cauthor=true&cauthor_uid=25213082)1, [Atasavun Uysal S](http://www.ncbi.nlm.nih.gov/pubmed/?term=Atasavun%20Uysal%20S%5BAuthor%5D&cauthor=true&cauthor_uid=25213082), [Turker D](http://www.ncbi.nlm.nih.gov/pubmed/?term=Turker%20D%5BAuthor%5D&cauthor=true&cauthor_uid=25213082), [Karayazgan S](http://www.ncbi.nlm.nih.gov/pubmed/?term=Karayazgan%20S%5BAuthor%5D&cauthor=true&cauthor_uid=25213082), [Gunel MK](http://www.ncbi.nlm.nih.gov/pubmed/?term=Gunel%20MK%5BAuthor%5D&cauthor=true&cauthor_uid=25213082), [Baltaci G](http://www.ncbi.nlm.nih.gov/pubmed/?term=Baltaci%20G%5BAuthor%5D&cauthor=true&cauthor_uid=25213082).

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**Abstract**

**AIM:**

The aim of this study was to investigate the effects of Kinesio Taping (KT) on the body functions and activity of children with unilateral spastic cerebral palsy (CP).

**METHOD:**

This study was designed as a single-blind, randomized, controlled trial. Thirty children with unilateral spastic CP were randomized and split equally between the KT group (eight males, seven females; mean age 9y [SD 2y 3mo] range 7-12y) and the control group (seven males, eight females; mean age 9y 7mo [SD 3y 4mo] range 7-14y) receiving usual care. All participants were evaluated with the Functional Independence Measure for Children (WeeFIM), the Bruininks-Oseretsky Test of Motor Proficiency (BOTMP), the Gross Motor Function Measure (GMFM), short-term muscle power, agility and functional muscle strength tests. Wilcoxon signed-rank and Mann-Whitney U tests were used to evaluate within and between-group differences respectively. The level of significance was accepted as p<0.05.

**RESULTS:**

There were significant differences in muscle power sprint (p=0.003), lateral step-up test right (p=0.016), sit to stand (p=0.018), attain stand through half knee right (p=0.003), BOTMP Gross scores (p=0.019), and WeeFIM total (p=0.003) and self-care scores (p=0.022) between the groups (p<0.05).

**INTERPRETATION:**

Kinesio Taping is a promising additional approach to increase proprioceptive feedback and improve physical fitness, gross motor function, and activities of daily living in children with CP.

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**Kinesio arm taping as prophylaxis against the development of Erb's Engram.**

[ElKhatib RS](http://www.ncbi.nlm.nih.gov/pubmed/?term=ElKhatib%20RS%5BAuthor%5D&cauthor=true&cauthor_uid=25685456)1, [ElNegmy EH](http://www.ncbi.nlm.nih.gov/pubmed/?term=ElNegmy%20EH%5BAuthor%5D&cauthor=true&cauthor_uid=25685456)1, [Salem AH](http://www.ncbi.nlm.nih.gov/pubmed/?term=Salem%20AH%5BAuthor%5D&cauthor=true&cauthor_uid=25685456)2, [Sherief AA](http://www.ncbi.nlm.nih.gov/pubmed/?term=Sherief%20AA%5BAuthor%5D&cauthor=true&cauthor_uid=25685456)1.

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**Abstract**

An Erb's Engram is a common debility that develops in recovering children with Erb's palsy. The purpose of this study was to investigate the effect of kinesiotaping over the deltoid and the forearm on the development of proper upper extremity function in children recovering from Erb's palsy. Thirty patients with Erb's palsy participated for 3 months in this study and were equally divided into two groups; control group A and study group B. The two groups received the same designed physical therapy program, while group B along the program, received kinesiotaping over the deltoid and the forearm. The subjects were evaluated, pre and post-treatment, and scored functionally, using the Toronto Active Motion Scale, and objectively, using an EMG device utilized to obtain the percentages of degeneration of the deltoid and the biceps muscles. Post-treatment values of six out of nine measured variables, between the two groups, revealed significant difference in favor of group B. The obtained results strongly support the introduction of kinesiotaping of the deltoid and the forearm as an adjunct to the treatment program of Erb's palsied children.

**KEYWORDS:**

Electroneurography; Erb’s Engram; Erb’s palsy; Kinesiotaping; Toronto Active Motion Scale

[Am J Occup Ther.](http://www.ncbi.nlm.nih.gov/pubmed/16541989" \o "The American journal of occupational therapy : official publication of the American Occupational Therapy Association.) 2006 Jan-Feb;60(1):104-10.

**Pilot study: investigating the effects of Kinesio Taping in an acute pediatric rehabilitation setting.**

[Yasukawa A](http://www.ncbi.nlm.nih.gov/pubmed/?term=Yasukawa%20A%5BAuthor%5D&cauthor=true&cauthor_uid=16541989)1, [Patel P](http://www.ncbi.nlm.nih.gov/pubmed/?term=Patel%20P%5BAuthor%5D&cauthor=true&cauthor_uid=16541989), [Sisung C](http://www.ncbi.nlm.nih.gov/pubmed/?term=Sisung%20C%5BAuthor%5D&cauthor=true&cauthor_uid=16541989).

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**Abstract**

**OBJECTIVES:**

The purpose of this pilot study is to describe the use of the Kinesio Taping method for the upper extremity in enhancing functional motor skills in children admitted into an acute rehabilitation program.

**METHOD:**

Fifteen children (10 females and 5 males; 4 to 16 years of age), who were receiving rehabilitation services at the Rehabilitation Institute of Chicago participated in this study. For 13 of the inpatients, this was the initial rehabilitation following an acquired disability, which included encephalitis, brain tumor, cerebral vascular accident, traumatic brain injury, and spinal cord injury. The Melbourne Assessment of Unilateral Upper Limb Function (Melbourne Assessment) was used to measure upper-limb functional change prior to use of Kinesio Tape, immediately after application of the tape, and 3 days after wearing tape. Children's upper-limb function was compared over the three assessments using analysis of variance.

**RESULTS:**

The improvement from pre- to posttaping was statistically significant, F(1, 14) = 18.9; p < .02.

**CONCLUSION:**

These results suggest that Kinesio Tape may be associated with improvement in upper-extremity control and function in the acute pediatric rehabilitation setting. The use of Kinesio Tape as an adjunct to treatment may assist with the goal-focused occupational therapy treatment during the child's inpatient stay. Further study is recommended to test the effectiveness of this method and to determine the lasting effects on motor skills and functional performance once the tape is removed.